

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100
TDD (916) 322-1700
Telephone (916) 322-3350
www.rn.ca.gov

**INSTRUCTIONS FOR APPLYING FOR CERTIFICATION AS A PUBLIC HEALTH NURSE IN CALIFORNIA**

Pursuant to Section 2818 (a) of the Business and Professions Code the Legislature recognizes that public health nursing is a service of crucial importance for the health, safety, and sanitation of the population in all of California's communities. These services currently include, but are not limited to:

- ♦ Control and prevention of communicable disease.
- ♦ Promotion of maternal, child, and adolescent health.
- ♦ Prevention of abuse and neglect of children, elders, and spouses.
- ♦ Outreach screening, case management, resource coordination and assessment, and delivery and evaluation of care for individuals, families, and communities.

In addition, Section 2818 (c) states that no individual shall hold himself or herself out as a public health nurse or use a title which includes the term "public health nurse" unless that individual is in possession of a valid California public health nurse certificate issued pursuant to this article.

TO APPLY FOR CERTIFICATION, PLEASE PROVIDE THE FOLLOWING:

- ♦ A completed Public Health Nurse certification application.
- ♦ An application fee of \$75.00, which is considered an earned fee and not refundable.
- ♦ Evidence of a permanent California RN license which is current, clear and active.
(A temporary license or interim permit is not acceptable.)
- ♦ All out-of-state graduates must have the shaded verification section completed by their school of nursing.
- ♦ Documentation regarding educational background:

I. TRANSCRIPTS

- a. Submission of an official transcript for a baccalaureate degree in nursing from a school accredited by the National League of Nursing (NLN) which includes course work in public health nursing. If you are a California BSN graduate and your name is listed on the graduate roster from your school of nursing, a transcript will not be required.

OR

- b. Submission of an official transcript for a baccalaureate degree in nursing from a nursing school which has not been NLN accredited which includes course work in public health nursing.

OR

- c. Submission of an official transcript for a baccalaureate degree in a field other than nursing and completion of a specialized public health nursing program associated with a baccalaureate school of nursing accredited by NLN. Work experience is not acceptable.

II. CHILD ABUSE COURSE WORK

Training in the detection, prevention, reporting requirements and treatment of child neglect and abuse which shall be at least 7 hours in length and shall include but not be limited to prevention techniques, early detection techniques, California reporting requirements and intervention techniques.

Acceptable training in child neglect and abuse shall be acquired through:

- a. A baccalaureate or specialized program in nursing.

OR

- b. A course of instruction in the prevention, detection, reporting requirements and treatment of child neglect and abuse that covers the subject matter specified above and is approved for continuing education (CE) credit by the Board of Registered Nursing.

NOTE: California BSN graduates prior to 1981, must take the 7 hour course approved by the Board of Registered Nursing. All out-of-state child abuse courses must include coverage of the **California Reporting Law** requirements per Section 11166.5 of the California Penal Code.



INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name: BOARD OF REGISTERED NURSING	
Title of official responsible for information maintenance: EXECUTIVE OFFICER	
Address: P.O. BOX 944210, SACRAMENTO, CA., 94244-2100	Telephone Number: (916) 322-3350
Authority which authorizes the maintenance of the information: SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE	
The following items of information are voluntary, all others are mandatory: ALL INFORMATION IS MANDATORY.	
The consequences, if any, of not providing all or any part of the requested information: FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.	
The principal purpose(s) for which the information is to be used: TO DETERMINE ELIGIBILITY. YOUR SOCIAL SECURITY NUMBER WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(3)(C)) AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU.	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: POSSIBLE TRANSFER TO LAW ENFORCEMENT AGENCIES AND REPORTING SOCIAL SECURITY NUMBER TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.	
Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.	

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**APPLICATION FOR
CALIFORNIA PUBLIC HEALTH NURSE CERTIFICATE
\$75.00**

PLEASE PRINT OR TYPE

NAME: Last		First	Middle	Previous Names (Including Maiden):
ADDRESS: Street		City		State Zip Code
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:		TELEPHONE NUMBER:	
	Month Day Year		Home: () Work: ()	
CALIFORNIA RN LICENSE NUMBER:	EXPIRATION DATE:	(Office Use Only) CALIFORNIA PHN NUMBER: EFFECTIVE DATE:		

EDUCATION

Education	NAME AND ADDRESS OF SCHOOL	Graduated Month/Yr	Degree Received
Baccalaureate _____			
Masters _____			
Public Health Nursing Education:			
Other, Specify:			

VERIFICATION OF CHILD ABUSE/NEGLECT PREVENTION TRAINING

CE Provider/School Name	Course Name and Number	Number of Hours

I certify under penalty of perjury under the laws of the State of California that all information provided in connection with this application for certification is true, correct, and complete. Providing false information or omitting required information is grounds for denial.

Signature of Applicant: _____ Date: _____

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REQUEST FOR TRANSCRIPT PUBLIC HEALTH NURSE CERTIFICATION

A. TO BE COMPLETED BY APPLICANT

Send this form to your baccalaureate school of nursing (BSN). If you need to contact more than one school, this form may be reproduced. Transcripts must include all completed course work and reflect the degree awarded and date conferred. An official transcript must come directly from the school of nursing to the Board of Registered Nursing. Transcripts are not accepted from applicants unless received in a sealed envelope. Your public health training must meet California educational requirements.

NAME: Last	First	Middle	Previous Names (Including Maiden):
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ADDRESS: Street	City	State	Zip Code
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SOCIAL SECURITY NUMBER:

BIRTHDATE:

TELEPHONE NUMBER:

Home: ()

Work: ()

Month Day Year

5. NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL:

6. YEARS ATTENDED:

_____ to _____

7. LOCATION: City

State

(Country)

8. YEAR GRADUATED:

SIGNATURE OF APPLICANT: _____ DATE: _____

B. TO BE COMPLETED BY THE SCHOOL OF NURSING

The above applicant has applied for Public Health Nurse Certification in California. Please supply the following information and attach an official transcript.

ENTRANCE DATE:

DATE DEGREE REQUIREMENTS MET:

DATE DEGREE AWARDED:

OUT-OF-STATE GRADUATES ONLY

Is this school NLN accredited? Yes _____ No _____ If yes, when: _____

Was the school accredited at the time of applicant's graduation? Yes _____ No _____

SIGNATURE OF OFFICIAL: _____

TELEPHONE: () _____

NAME & TITLE: _____

DATE: _____

SEAL